

Dietitian Referral Pathway for Care Home Residents at Risk of Undernutrition

How to identify and make an appropriate referral to the dietitian

See the flow chart on page 2 - 'Dietitian Referral Pathway for Care Home Residents at Risk of Undernutrition'.

Step 1:

Complete Nutrition Risk Screening Tool ('MUST or alternative)

Step 2:

If identified at nutritional risk complete the relevant nutritional assessments for risk/s to be identified.

Step 3:

Form nutrition care plan using the actions from the assessments as a guide.

Step 4:

Review the care plan on a weekly basis to evaluate the progress of the resident. Continue with care plan actions for 4 weeks.

Step 5:

If nutritional concerns unresolved refer resident to dietitian by the following processes:

- Contact GP to request dietetic referral (nursing homes can self-refer & advise GP of referral)
- Complete & send Dietitian referral form
- Complete & send first line care plan (with start date documented)
- Send 3 day Food & Fluid chart with meals, snacks & drinks recorded

You may use the FOOD RECORD CHART attached or your own care home's forms.

If a resident is on the 'End of Life pathway' they are not appropriate for a referral to a dietitian and should be offered fluid and food little and often for comfort as able to tolerate.

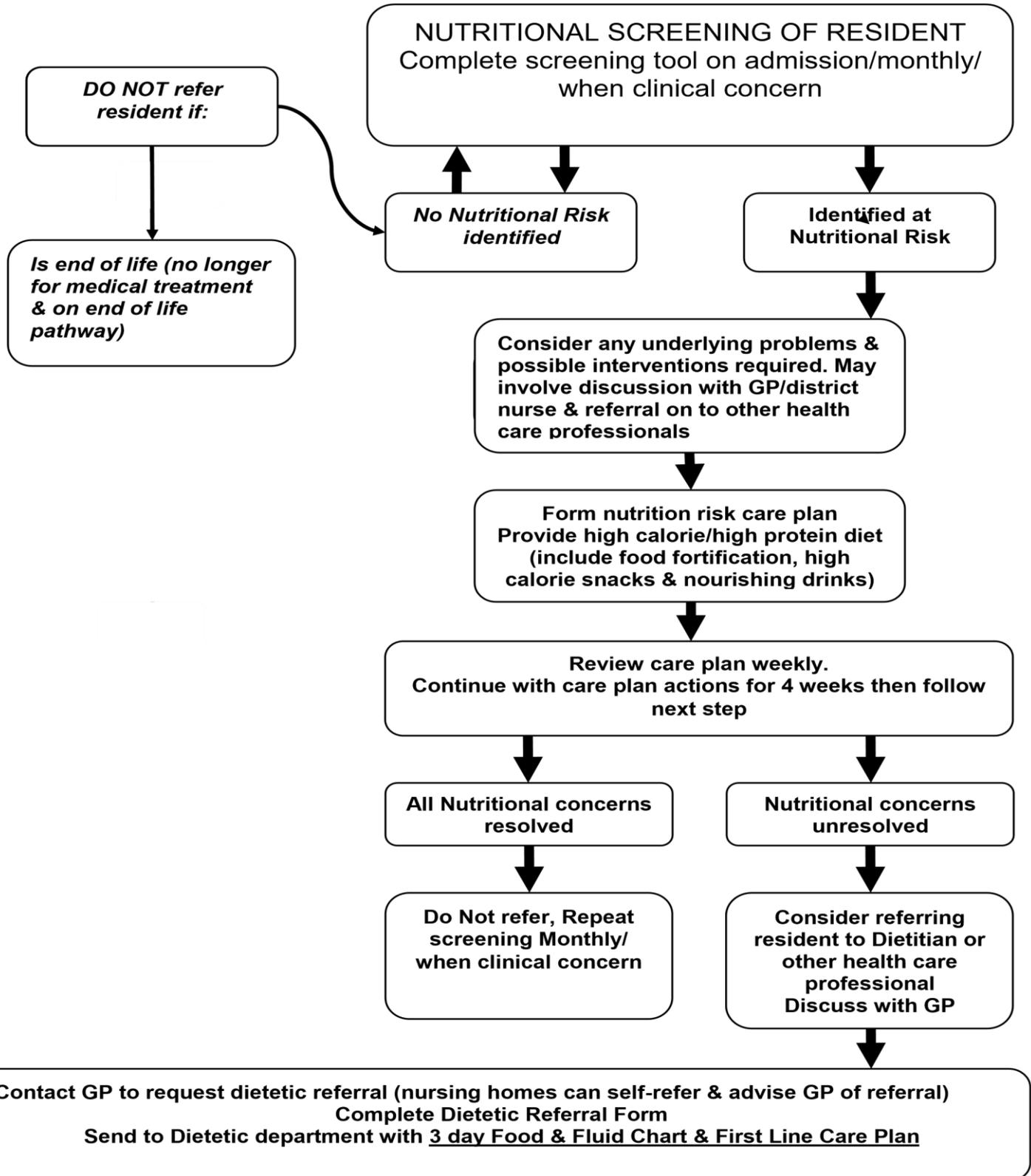
Immediate Dietetic referral

A resident may require immediate referral to the dietitian if they are at high risk of undernutrition and require specialist advice following a diagnosis e.g. Category 3/4/Unstageable Pressure Ulcer, gastrointestinal disease (e.g. Crohn's, Coeliac), progressive neurological disorders (e.g. MS or MND).

Remember clinical judgement needs to be used, if you have any queries please contact the Nutrition & Dietetic department. Tel: 01423 553329 or Email:

hdft.carehomediet@nhs.net

Dietitian Referral Pathway for Care Home Residents at Risk of Undernutrition



First Line Care Plan

(What to do before referring to a dietitian)

Name of Care Home.....

Resident's Name Date.....

Carer's Name Signature.....

Identify the problem & select appropriate action required. Tick box to indicate action taken

Problem	Action
Swallowing problems	<input type="checkbox"/> Consider referral to Speech & Language Therapists if indicated (discuss with GP) <input type="checkbox"/> Ensure appropriate texture food & fluid is offered <input type="checkbox"/> Fortify modified consistency diet & offer naturally thick fluids if required
Chewing problems/ Sore mouth / Poor Dentition/	<input type="checkbox"/> Assess Oral Hygiene, treat as needed <input type="checkbox"/> Get sore mouth / mouth ulcers treated <input type="checkbox"/> Check teeth/dentures-refer to Dentist if needed
Consider if a medical condition is:- a) Increasing requirements (e.g. pressure sore, infection) b) Affecting dietary intake (e.g. vomiting, diarrhoea, constipation, depression, pain)	<input type="checkbox"/> Seek medical advice. <input type="checkbox"/> Ensure treatment to control / treat any identified condition is provided <input type="checkbox"/> Consider side-effects of medications. Request a medication review
Constipation (see constipation assessment)	<input type="checkbox"/> Ensure sufficient fluid and fibre intake if identified as problem <input type="checkbox"/> Seek medical advice
Unable to feed independently	<input type="checkbox"/> Position correctly-consider referral to Occupational Therapist or Physiotherapist <input type="checkbox"/> Provide appropriate cutlery/crockery <input type="checkbox"/> Provide assistance/supervision at meal and snack times
Consistently not finishing meals despite assistance	<input type="checkbox"/> Assess comfort at mealtimes – e.g. need to empty bowels, pain, positioning <input type="checkbox"/> Consider environment & minimise distractions <input type="checkbox"/> Find out likes/dislikes & mealtime preferences from patient or relatives <input type="checkbox"/> Use verbal or visual prompts to help eating <input type="checkbox"/> Explore anxieties or communication difficulties <input type="checkbox"/> If signs of depression or pain seek medical advice <input type="checkbox"/> Encourage 3 small fortified meals/snacks a day and <i>at least</i> 2 nutritious snacks and 2 nourishing drinks a day
Consistently refusing food or fluid	<input type="checkbox"/> As above <input type="checkbox"/> If at risk of dehydration: Encourage drinks after and in between each meal aiming for 6-8 cups/day & seek medical advice
No interest in food Depression (untreated)	<input type="checkbox"/> If depressed seek medical advice <input type="checkbox"/> Provide encouragement & support with preferred meals/snacks
Constant activity/agitation	<input type="checkbox"/> Provide nutritious snacks - finger foods throughout day <input type="checkbox"/> Assess mealtimes - comfort, food and fluid intake and establish cause of agitation

If the above actions have been implemented for 1 month and there has been further weight loss, please fill in the Dietitian Referral Form (you may also want to discuss with the GP to investigate other cause).

Food and Fluid Chart (3 days)

To be used as clinically indicated (e.g. reduced appetite, weight loss) and to be sent as part of the referral process to the Dietitian

Name:..... Date:

DAY 1	Description of Food / Drink <i>(please specify)</i> (slice, scoop, tbsp, ladle, cup)	Amount eaten <i>(please tick)</i>					Comments / Alternatives offered/Sign
		0	1/4	1/2	3/4	all	
Breakfast:							
Mid-morning:							
Lunch:							
Mid-afternoon:							
Evening meal:							
Supper:							
DAY 2	Food / Drink <i>(please specify)</i> (slice, scoop, tbsp, ladle, cup)	Amount eaten <i>(please tick)</i>					Comments / Alternatives offered/Sign
		0	1/4	1/2	3/4	all	
Breakfast:							
Mid-morning:							
Lunch:							

Day 2 continued

		Amount eaten (please tick)					Comments / Alternatives offered/Sign
		0	1/4	1/2	3/4	all	
Mid-afternoon:							
Evening meal:							
Supper:							
DAY 3	Food / Drink (please specify) (slice, scoop, tbsp, ladle, cup)	0	1/4	1/2	3/4	all	Comments / Alternatives offered/Sign
Breakfast:							
Mid-morning:							
Lunch:							
Mid afternoon:							
Evening meal							
Supper							

